

<b>Case Number:</b>	CM14-0006071		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old male with a 12/14/10 date of injury. He was seen on 12/18/13 for an acute back pain flare and Terocin patches helped with mild to moderate pain and chronic aches and pains. Exam findings reveal cervical tenderness, positive axial loading compression test, lumbar tenderness, bilateral knee tenderness. Treatment to date: activity modification and medications. Left shoulder surgery in 2006, right shoulder surgery in 2002, left knee surgery in 2005, left forearm surgery in 2009. A UR decision dated 12/26/13 denied the request given MTUS does not support the use of topical lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TEROCIN PATCH QTY: 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain Chapter Lidoderm.

**Decision rationale:** A terocin patch is a lidocaine 4%/Menthol 4% patch. CA MTUS supports the use of states that topical lidocaine may be recommended for localized peripheral pain after

there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, there is no evidence of any attempt at using a first line agent prior top the use of Terocin patches. Therefore, the request for Tercoiin patches was not medically necessary.